



# 2017 the year for expansion in ultrasound-guided minimally invasive surgical procedures

By Jill Rathbun



**Uncertainty in any major element of the U.S. economy is never good and usually creates an environment that is risk averse.**

This then leads to a time of contraction, or at least a static state, for that sector. With the future of the Affordable Care Act (ACA) in flux regarding how and when Congress will act to replace what it repeals, this is a very uncertain time for health care providers. Some may even say it is time to put the nest egg in the freezer and just sit on that cold, hard cash.

Yet, it could be argued that this is really

a time for health care providers to expand their service offerings. In doing so, they will attract more patients and elevate their level of satisfaction.

This might not be as exciting as a merger, acquisition and consolidation. But bricks and mortar that a hospital outpatient center, clinic or physician practice office already has should be used to their full capabilities and potential, making those fixed costs work for you.

## **Expansion into ultrasound-guided breast biopsies**

A case in point is the expansion of services into ultrasound-guided breast biopsies. There is nothing more frightening for women than to hear that they may have a suspicious lump or lesion and need a biopsy.

There is a real need to get the patient seen for that biopsy in a relatively quick manner. A rapid diagnosis is imperative to address the patient's anxiety and increases satisfaction with the health care system.

One advantage of ultrasound-guided breast biopsies is that they usually decrease the time it takes to get a diagnosis. What took eight to 10 days with an open biopsy sample now takes approximately 48 hours with a minimally invasive breast biopsy sample. It is also easier to biopsy multiple lesions in one session because the clinicians gather tissue via a needle device versus an open incision. This is all for the good of the patient. So, why not expand to ensure that these biopsies can take place with little or no wait time for an appointment?

The following are considerations to start an assessment:

- How is space being used? Is there an exam or small procedure room that can be repurposed or dedicated to ultrasound-guided minimally invasive surgical procedures?
- If space is available, is it being used to its fullest potential?

Conduct a simple, initial analysis regarding the revenue that the space is currently producing. How? By taking the procedures and the office visits that are taking place

in that room and adding up the revenue. Then take a rough estimate of the costs — nurse time, supplies and equipment — and subtract them from the revenue. Next, look at how many minutes a provider was in that room to produce that revenue. This provides a simple, yet insightful, look at the per minute profitability of that space. With hospital-employed physicians, be sure to include the payments to the hospital and the professional or non-facility payment to the physician.

- The next step is to use the same calculation for that space if it were to be converted to an ultrasound-guided minimally invasive surgical procedure room. There would be the additional cost of the disposable biopsy needles and the per procedure cost of the ultrasound machine, but that would be covered by the level of payment for procedures listed in the charts on this page.

Add in contracted rates for private insurance carriers and then also factor in accepted Medicaid patients to get a more complete picture.

## 2017 Medicare Reimbursement for Procedures Performed in the Office Setting

CPT/ HCPCS	Description	Year 2017 Total Non-Facility RVUs	Global	2017 Final Rule Conversion Factor	Year 2017 Final In-Office Payment
10022	Fna w/image	4.00	XXX	\$35.8887	\$143.55
19083	Bx breast 1st lesion us imag	19.05	000	\$35.8887	\$683.68
+19084	Bx breast add lesion us imag	15.58	ZZZ	\$35.8887	\$559.15
19285	Perq dev breast 1st us imag	14.67	000	\$35.8887	\$526.49
+19286	Perq dev breast add us imag	12.79	ZZZ	\$35.8887	\$459.02

## 2017 Medicare Reimbursement to the Hospital Outpatient Department for Procedures Performed

HCPCS Code	Short Descriptor	APC	2017 Payment Rate to Hospital Outpatient Department
10022	Fna w/image	5071	\$539.11
19083	Bx breast 1st lesion us imag	5072	\$1,236.62
19084	Bx breast add lesion us imag		Packaged
19285	Perq dev breast 1st us imag	5071	\$539.11
19286	Perq dev breast add us imag		Packaged

- Learn about the need in the community for these procedures.

Visit the American Cancer Society website for its annual facts and figures book on cancer statistics to see what the rates are for breast cancer in your state.

Go to the Centers for Medicare and Medicaid Services website. Open the file re-

garding utilization to see how many of these procedures Medicare reimbursed in the most recent year of data.

- With this beginning of a plan, sit down with a practice administrator or financial staff at the hospital. Partner with them on putting together a complete business plan to see if expanding these services is right for the facility and community.

Successful people are those who take risks. It seems that educated risks regarding expansion of health care services will help during this uncertainty to increase stability, but also gives a leg up when the replacement for the ACA is finished.

*About the author: Jill Rathbun is managing partner at Galileo Consulting Group.*

Share this story: [dotmed.com/news/35052](http://dotmed.com/news/35052)